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|                      |                 |
|----------------------|-----------------|
| Application Number   | 10/648,812      |
| Filing Date          | August 26, 2003 |
| First Named Inventor | Scott E. Zook   |
| Group Art Unit       | 1614            |
| Examiner Name        |                 |
| Attorney Docket No.  | 690068.569      |

**ENCLOSURES (check all that apply)**

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| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement; Form PTO-1449<br><input type="checkbox"/> Cited References<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input checked="" type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Request for Corrected Filing Receipt<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input checked="" type="checkbox"/> Declaration<br><input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> CD(s), Number of CD(s) _____<br><input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> )<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Additional Enclosure(s) ( <i>please identify below</i> ):<br><u>Copy of Assignment</u><br><u>Copy of Notice to File Missing Parts</u> |
| <b>Remarks</b>  |  |  |

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|                 |                  |                                 |
|-----------------|------------------|---------------------------------|
| Individual Name | Karl R. Hermanns | Customer Number<br><b>00500</b> |
| Signature       |                  |                                 |
| Date            | January 16, 2004 |                                 |

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